



PATIENT

Scooter Potter

SPECIES

Canine

BREED

Maltese Mix

SEX

M/N

AGE

12 years

WEIGHT

8.7 kg.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary
Clinic

REFERRING VET

Emily Kent DVM

INVOICE

16659

DATE

4/19/23

PRESENTING CLINICAL SIGNS

Presented for Senior Wellness Exam on 4/12/23. -- Complaints of intermittent weakness, collapsing of the pelvic limbs, with concurrent shaking of the head during these episodes. -- Occasional vomiting (bilious), hyporexia, drinking well (possible polydipsia).

Abnormal PE/Chem/CBC/UA Results: PE: -- Multiple SQ masses, carpal valgus bilaterally, possible mid-abdominal mass palpable. Senior Screen CBC: -- Normal HCT: 50% -- RETIC: 192 K/uL (10-110) -- Normal WBC -- PLTS: 528,000/uL (143,000-484,000) CHEM: -- SDMA; 16 ug/dL (0-14) -- K: 5.5 mmol/L (4-5.4) -- TP: 7.7 g/dL (5.5-7.5) -- GLOB: 4.3 g/dL (2.4-4.0) -- Remainder WNL T4: -- 1.4 ug/dL (1-4) wnl UA (free catch): -- USG: 1.018, all else WNL Fecal O&P/Giardia: Neg for all LAT/VD ABDOMINAL RADS: Specialist Review: -- Soft tissue opacity ventral and central, rule out association with the spleen. Well-formed fecal material present within the descending colon here. Coxofemoral joint confirmation is good.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.9 cm in length. Pinpoint medullary mineral was noted in both kidneys.

Adrenal Glands

Mildly prominent, nonhomogeneous to nodular left adrenal gland was present without evidence of mineralization. The left adrenal gland measured 2.6 cm length x 0.86 cm width at the caudal pole and 1.5 cm width at the cranial pole.

The right adrenal gland was mildly prominent in size based on caudal pole width measurement exhibiting subtle nonhomogeneous nonmineralized parenchyma. The right adrenal gland measured 2.1 cm length x 0.78 cm width at the caudal pole.

Spleen

A moderately sized mass with irregular margination involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured subjectively 8.0-9.0 cm in diameter. The parenchyma of the mass was nonhomogeneous, nodular with areas of cavitation. The remainder of the spleen was sonographically unremarkable. The splenic vasculature at the hilus was normal in volume



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with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous / nodular cavitated splenic mass
- Mild hepatic parenchymal remodeling - benign
- Bilateral nonhomogeneous / nodular prominent adrenal glands - nonspecific
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria i.e., sarcoma, is favored. No evidence of splenic mass rupture or overt intraabdominal metastasis.

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The bilateral adrenal glands may indicate age-related patient variant, or incidental adenomatous change, while technically, although considered less likely, potential for emerging adrenal neoplastic criteria cannot be definitively excluded. Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to a more aggressive emerging adrenal pathology.



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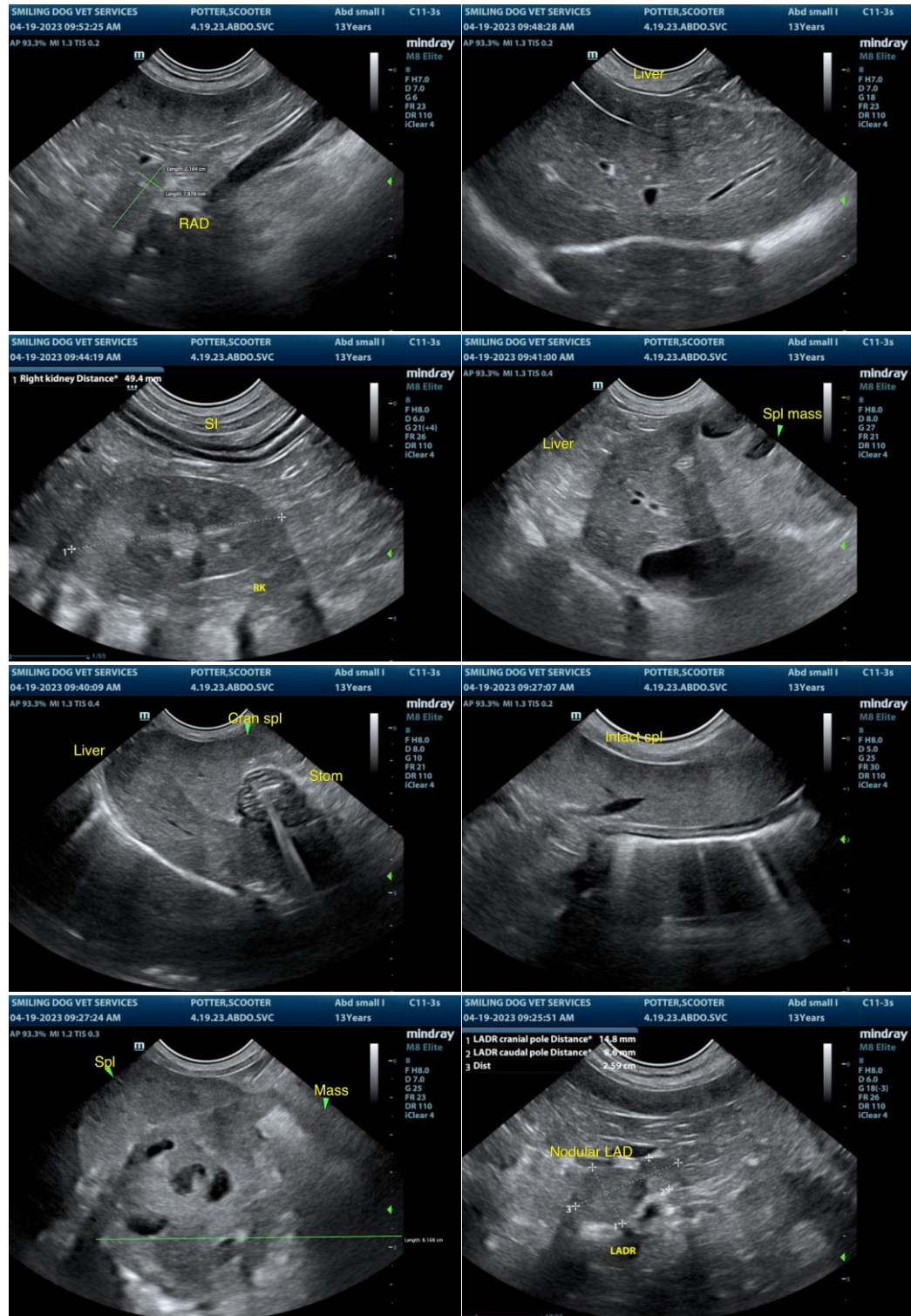
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Assuming no evidence of pathology on three view chest radiographs, or evidence of cardiomegaly, splenectomy would be warranted.





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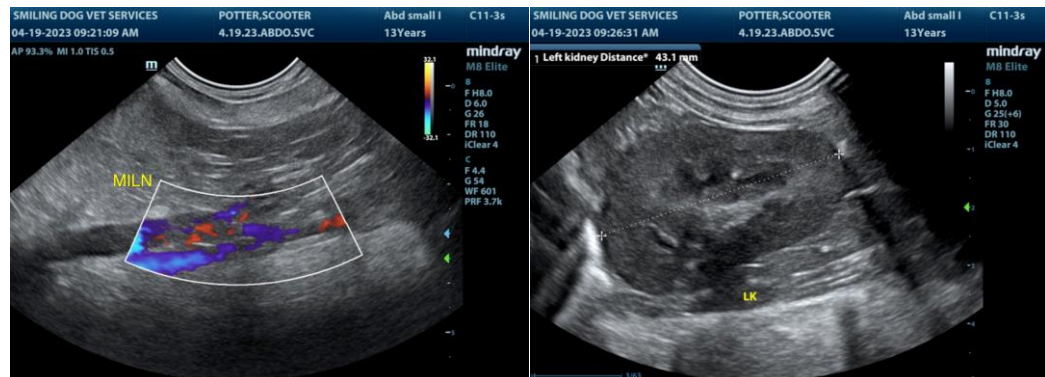
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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